Tommy G. Thompson Governor

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State of Wisconsin

Joe Leean Secretary

Department of Health and Family Services

March 23, 1999

Dear Policyholder:

The purpose of this letter is to provide information to the Health Insurance Risk Sharing Plan (HIRSP) policyholders regarding the process to apply for the low-income subsidy. This subsidy assists eligible policyholders by reducing premiums and deductibles. Eligibility for the subsidy is based on your income as defined by the Wisconsin Homestead Credit program.

If your household income in 1998 was below \$20,000, and you would like to apply for a reduction in premium and deductible, please forward a copy of your completed Schedule H, if any, or complete the enclosed Supplemental Application for Premium and Deductible Reduction and return it to the following address by May 1, 1999. You must report to HIRSP all income received in 1998, including, but not limited to, social security benefits and unemployment compensation. Please do not send copies of your Wisconsin state or federal income tax papers.

Wisconsin Health Insurance Risk Sharing Plan EDS 6406 Bridge Road Madison, WI 53784-3004

Your response must be postmarked by May 1, 1999, to receive the reduced premium effective July 1, 1999. Your deductible will be reduced accordingly on January 1, 2000. If the application is received after May 1, 1999, and you are eligible, the reduced premium will take effect on your next renewal date, providing the application was received 60 days prior to that date.

If you are currently receiving the subsidy based on your 1997 income, but are not eligible this year, your premium will be reduced until June 30, 1999. Effective July 1, 1999, you will begin paying the non-subsidized rate for the plan.

If you have any questions regarding the Supplemental Application for Premium and Deductible Reduction or the program, please call HIRSP Customer Service at 1-800-828-4777.

Sincerely,

Peggy L. Bartels Administrator

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Enclosure